HMSA's HealthPass—A Strategy for Delivery of Preventive Services

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Several groups have recommended standards for preventive health care services. Despite this, our health care system contains many obstacles that impede their delivery. Recognizing the need to provide members with appropriate, meaningful, and cost-effective health promotion and disease prevention services, HMSA has created HealthPass. This benefit is now available to 40% of the membership. It offers health promotion, education, and screening services through a formalized network across the state. HealthPass services are integrated with individual physician providers to offer selected periodic evaluations for adults.

HMSA's HealthPass was created to promote public health and further enable members to obtain preventive services. HMSA encourages its physician providers to participate in this statewide effort at primary health promotion.

Introduction

An important challenge physicians face is to find methods to integrate preventive care into everyday practice. The value and need for these services is well recognized, but opinions differ as to how best to offer them. Many believe the most appropriate way to deliver preventive and early disease detection services to adults is the complete annual physical exam. Doctors offer this to selected patients, assuming it will identify existing health problems. This approach has great value when abnormal findings or health risks are identified, but can be considered overkill for most. Further, there is little emphasis on patient counseling and an overall preventive strategy is often lacking. Recently, a different approach has emerged, one that combines the resources of physicians, nurses, health consultants, and insurance companies to provide a cost- and time-effective menu of selected services considered important and appropriate in preventive care.

Health care professionals understand the value of health promotion and look for an opportunity to identify or prevent risk factors or early health problems. Interventions may offer control before disease and complications develop, or at the very least, delay their onset. In today's climate of health care reform and emphasis on managed care, there are obvious benefits to incorporating preventive services into daily practice. This is more true with effective methods to control problems we discover (ie, blood pressure, diabetes, elevated serum lipids, inactivity, obesity, and smoking). Properly designed and managed programs have the potential to improve morbidity and mortality. Benefit has already been demonstrated with: 1) prenatal and well-child care, 2) immunizations, 3) blood pressure control, 4) stroke prevention, 5) cholesterol control, 6) cervical cancer detection programs.[1-4] It isn't yet clear whether or not this approach saves money.

Because cardiovascular disease and cancer are the major causes of morbidity and mortality in the U.S., preventive strategies can offer a great deal. Personal behavior and life-style play an important role not only in these but in many other health problems. Screening and early detection followed by counseling and other appropriate interventions are essential for control. For adults, a global health maintenance and clinical preventive care package should address:

- Cardiovascular disease prevention and control.
- Cancer prevention and early detection.
- Infectious disease prevention and control, including immunization programs.
- Accident and injury prevention.
- Resources for advice and counseling on life-style, physical activity, nutrition, occupational exposure, personal hygiene, behavior, and stress management.
- A formal, organized system for data gathering, record keeping, follow-up and strategic planning.

Ironically, the current health care system can be one of the greatest barriers to effective delivery of health promotion and disease prevention services. A contradiction exists. Everyone recognizes the need for and pays lip service to preventive care. However, the clinical practice doesn't get the emphasis and respect it deserves. Furthermore, it isn't implemented very well.

All the parties involved are partly responsible for the deficiencies. Government agencies offer effective immunization programs, guidelines, information, educational resources, and contribute to overall health promotions through a variety of grants and studies. For adults, however, the population on whom most of our health care dollars are spent, government offers minimal clinical resources for prevention, barely more than pneumococcal vaccinations, and more recently flu vaccinations. Health insurance companies traditionally have not reimbursed for any service unless it was related to a specific diagnosis or medical problem. Simply, they have not paid for preventive care. Perhaps the name *health insurance company* could be replaced by *medical insurance company.* Medical education places little emphasis on prevention. Physicians concentrate on disease, illness, and problems. They need to be more involved in the health promotion

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effort.[5] Further, individuals in our society, through their life-style and personal habits, could do much more for themselves to improve their health.

Barriers to Delivery of Preventive Services

Our present health care system contains various obstacles that must be overcome if we intend to deliver effective health promotion and disease prevention services. They can be attributed to practitioners, patients, and the system itself.[6,7]

Practitioner-Specific Barriers

Lack of time and distraction by other health problems.—This is often the greatest problem. Clinical training teaches doctors to place priority on urgency over importance of medical problems. Rather than long-term planning and initiating a health promotion effort, physicians focus on acute problems that, if they aren't controlled, will result in the deterioration of overall health. The assessment and treatment of conditions expected to progress slowly is postponed or overlooked until more time is available and the acute problems have been corrected. However, each day new acute problems occur. They require immediate attention and are given priority. Today's practicing physician rarely has time to return to those conditions that have been identified as important but are not acute, even though they will eventually lead to severe disease.

The typical doctor's office visit does not involve the counseling that is required for long-term behavior changes. Furthermore, doctors don't get paid for counseling or the other services important in prevention. With limited time, given the high cost of being in business, physicians justifiably may not focus on this area.

Lack of expertise.—Due to conflicting recommendations from experts, physicians may be unsure of the benefits their patients will receive from the various screening tests and preventive services. Doctors may not have the skills to perform some of the procedures. There is little training and knowledge in the area of patient counseling on life-style and behaviors that affect health are of obvious importance in disease prevention.

The problem-oriented medical record does not lend itself well to health promotion.—It is not considered a clinical problem. There is rarely a format for ongoing data entry and follow-up in the patient's medical chart, especially over time. Further, medical records are notoriously disorganized.

Lack of responsibility.—It is sometimes uncertain who is responsible for prevention in our health care system. Patients in group practices often see different doctors and multiple specialists who focus on specific problems. Preventive services are offered at multiple sites. Nonprofit organizations that offer educational resources and counseling act independently and seldom communicate or integrate their services with the primary care-giver. Thus, continuity of care is difficult, especially when patients are being treated for health problems. Multiple providers make independent requests for exams, thus redundancy can lead to unnecessary expense. Some specialists defer prevention to the primary care physician, others offer these services. A commitment by the system, organizations, and individual physicians is necessary to provide a comprehensive clinical preventive package.

The problem is not limited to private practitioners, but also affects group practices and HMOs.

Specialization.—With increasing specialization, fewer physicians provide the comprehensive, primary type of care that health promotion and disease prevention requires. The primary care specialties involved in this endeavor, ie, family practice, internal medicine, pediatrics, general practice, and Ob/Gyn, currently account for a minority of physicians.

Delayed gratification from screening results.—Physicians are most effective when they have immediate feedback. It is difficult to see the benefit hypertension and lipid control, smoking cessation, or cancer prevention efforts offer individual patients. Doctors and patients alike have a *Problems now —Results now* mentality.

Patient-Specific Barriers

Individuals in this society often avoid medical services until something bothers them. When people feel well, they often are indifferent to the possibility of serious health problems. The costs, discomfort, and inconvenience of seeking these services can delay detection of an important risk factor or disease. When complications occur, they want a *magic bullet* to somehow solve or reverse it. Individuals aren't sure of what is needed, effective, or where to go for preventive services. They expect someone to guide them. These services may be offered at several different locations and can be inconvenient. Further, a unified, patient-maintained record is not generally available or part of our present system. People believe that any important health service should be covered by insurance, which *oversees* their health care. When the insurance plan won't pay, which is usually the case when no diagnosis is involved, they aren't willing to either. The overall life-style, nutritional, and behavioral practices in this society (smoking, inactivity, overconsumption of a high fat diet, excessive drinking, and constant exposure to stress in a hectic pattern of everyday living) conflict with the types of practices necessary to achieve optimal individual health. There seems to be little willingness to change.

Health Care System Specific Barriers

America's health care system is generally delivered in a highly clinical setting that focuses on illness and disease. Inadequate support staff and facilities are available for prevention and screening. These services don't generate very much income. Few physicians, HMOs, or group practices offer a formal, well organized system for disease screening and health promotion. This is especially true for the long-term follow-up that is necessary. Counseling services are given low priority. Educational services may be offered at inconvenient times and locations. They lack interest and attendance. They are rarely used by those who need them most. Among the greatest problems is the fact that health insurance plans generally don't pay for health promotion or disease prevention services. This reduces incentives for providers to offer them and leads individuals to believe that they aren't necessary, legitimate, or important. Despite these problems, several authoritative organizations have developed guidelines and recommendations for delivery of preventive care: U.S. Preventive Services Task Force,[8] the Canadian Task Force on Periodic Health Examinations,[9] the American College of Physicians,[10-12] American Medical Association,[13] Centers for Disease Control and Prevention, American Academy of Family Physicians,[14] American Academy of Pediatrics, American Cancer Society,[15] American Heart Association,[16] Joint National Committee on High Blood Pressure,[17] and the National Cholesterol Education Program.[18] Several other individuals and organizations offer recommendations, although there are some differences in their conclusions, they agree in several areas and

emphasize that preventive services should be part of routine medical care. Currently, the favored approach is to identify high-risk individuals and offer appropriate health promotion and disease prevention services to them, rather than blindly screening large populations that have not been effective in the past. Further, they suggest that each practice select screening procedures and protocols appropriate to their situation and beliefs. Also, the concept of selective longitudinal health maintenance (ie, following individuals over time and performing periodic screening and health promotion efforts appropriate intervals) has replaced mass screening and annual adult physical exams. For a risk factor or medical condition to be recommended for large-scale screening, there is basic agreement over the criteria that must be met.[19]

- It must have a significant effect on the quality or quantity of life.
- Acceptable treatment must be available.
- An asymptomatic period, during which detection and treatment can significantly reduce morbidity and mortality, must exist.
- Treatment in the asymptomatic phase must offer a therapeutic result superior to delaying treatment until symptoms appear.
- Acceptable tests at reasonable costs must be available.
- The incidence must be sufficient to justify cost of screening.

The U.S. Preventive Services Task Force[8] identified several important findings that deserve attention:

1) Individual health practices (especially in relation to risk factors such as smoking, physical inactivity, nutrition, alcohol, and drug abuse) are the most important to focus on. This emphasizes both primary prevention (preventing a risk factor or disease) and secondary prevention (controlling problems after being discovered).

2) There is need for greater selectivity in ordering tests and providing preventive services. Frequency and content of periodic health services and screening should be tailored to the individual. Consider age, sex, physical condition, personal medical and family history, occupation, habits, and risk factor profile of the individuals. This will minimize costs and risks of screening and be more likely to give meaningful benefits. This also reinforces the need to focus on the complete medical history and a detailed discussion regarding personal health practices.

3) Patient counseling and education may be more important than the conventional approach which emphasizes clinical activities, such as physical exam and diagnostic tests. A restructuring of our priorities may be in order to address the true needs of our patients.

4) The importance of health practices and behaviors shifts the responsibility for health to the patient. Control is often in their hands. Therefore, in addition to the usual clinical skills of diagnosis and treatment of disease, doctors need to develop new skills in counseling and empowering patients to change their health-related behaviors.

5) Health care professionals must devise strategies to increase access to preventive services. These should be offered routinely to all patients and incorporated into regular visits.

6) The method and quality of clinical research toward health promotion and disease prevention needs improvement. This will help to resolve some of these questions and uncertainties that exist.

Most experts believe that screening, early detection, and health promotion efforts are justified and a good way to invest our resources, but they may not save in overall health care costs and may not reduce morbidity and mortality for some conditions. Some screening services definitely save money; others actually cost the system. The current system may lack efficiency and may not deliver preventive services effectively. Perhaps services are offered to too broad a population, rather than focusing on individuals at greater risk. Currently, preventive services account for only 3% to 5% of U.S. health care spending. As medical technology advances and the media promotes the *New techniques and miracles for diagnosis and treatment*, more people will request these services. As we expand preventive services, costs could rise significantly.

In 1988, the Blue Cross and Blue Shield Association recommended that their member plans adopt preventive guidelines and several of the "Blues" began to offer their own versions of a preventive care package.[11] There are various business considerations in the design of such a package. They include:

- A cost-containment strategy to monitor, control, and restrain rising health care costs.
- Desirability and marketability of the plan.
- Does it enhance the value of membership?
- Is it consistent with the goals and mission of the organization?

Are the services valuable to members and practicing physicians? Thus, do the preventive services:

- Advance the level of health or medical care?
- Promote the welfare of members and providers?
- Help individuals and medical providers attain their goal for optimal health?
- Meet community needs?
- Provide effective and appropriate services?
- Offer benefits that outweigh the costs?
- Enhance effectiveness of care?
- Reduce needless duplication of services?
- Encourage individual responsibility?
- Help individuals better understand and benefit from the *health care system?*

Any system designed to provide effective health promotion and preventive care services must attempt to meet these conditions, address the important health concerns most people face, and be acceptable to all the parties involved (patients, health care providers, and insurers alike).

HMSA's HealthPass

HMSA created HealthPass in response to the members' and employer groups' need for health promotion resources, as well as the individual medical doctor's desire to compete cost-effectively with the closed HMO systems. HealthPass provides:

- Risk assessment and screening for early disease detection.
- Periodic medical checkups.
- Health education and counseling.

In addition to identifying risk factors and early stage disease, the goal is to promote personal habits and a healthy life-style through proper nutrition, exercise, accident and injury preven-

tion, periodic checkups, and behavior changes. Identifying abnormal conditions at the asymptomatic stage will increase likelihood for control or reversal of these problems. The ultimate goal is to reduce morbidity and mortality and to improve quality of life and the everyday health of the participants.

HealthPass is a benefit of the Preferred Provider Plans, which includes the state and federal members. Members and their covered spouses are eligible for health screening appointments which can be scheduled at various locations including Honolulu, Aiea, Kahului (Maui), Lihue (Kauai), Hilo and Kona (Hawaii). Periodic mobile screenings are offered on Lanai and Molokai. Members are notified on the subscriber's birthday and invited for an appointment. They complete a health questionnaire, which helps create a risk profile focusing on nutrition, self care, weight control, personal life-style, behavior, and history. Members then meet with a health consultant who performs an abbreviated medical history, further focusing on health history, risk factors, family history, cardiovascular disease, breast, colon and gynecologic cancers. Primary screenings also include anthropomorphic measurements, blood pressure, percentage of body fat, cholesterol, glucose, and fecal occult blood tests. If the cholesterol is between 200 and 240, an HDL measurement is performed. A flow-sheet model is followed such that, if indicated from test results, members are referred for secondary screenings or to their primary physicians. Members receive individual counseling and a health action plan is created. If necessary, arrangements for further follow-up and support are made. For their records and future reference, a simplified report booklet is given to the participating member. Depending on the results of the risk assessment, history, and primary screenings, members may be eligible for secondary screenings. Depending on their age, history, and personal risk factors, they may receive one or all of four secondary screenings, which include:

- Health maintenance physical examination.
- Screening mammography.
- Pelvic exam and Pap test.
- Screening proctosigmoidoscopy.

Based on the type of service, office location or convenience, participants select from a panel of providers. Results of the secondary screenings are sent to HealthPass. Should they be abnormal, members are contacted by telephone and certified mail to ensure they understand the significance of the findings and can follow-up with their personal physician. At the member's request, a copy of the screening report is sent directly to their personal physician. Following the HealthPass encounter, members are asked to complete a customer satisfaction survey. HMSA's marketing department evaluates responses independently. This feedback helps to determine the value of this program. Participants pay half the cost of services (with the exception of mammograms, which are covered at 100%), when they are referred for additional screenings.

Below are the secondary screenings offered and for whom the benefit is available (Table 1).

HealthPass participants receive between 60 and 75 minutes of health promotion and screening services annually. Approximately 40 minutes are spent with the health consultant, while 20 to 30 minutes are spent with the physician during secondary screenings. The focus is to increase the individual members' health awareness, identify any significant existing risk factors or outcomes, and to educate and counsel them on life-style and behavior that will affect their future health. With repeated visits, serial information is accumulated to further the health of participants. HealthPass is now in its fourth year of operations. Participation has increased every year and member satisfaction is high. In addition to providing members with important health promotion, early screening, and disease detection opportunities, the focus now is to create descriptive statistical studies and clinical research attempting to answer specific questions relating to risk factors, screening results, and outcomes.

Results

Between 1990 and the third quarter of 1993, a total of 20,984 HMSA members have undergone health risk appraisals, screening, and individual counseling sessions. This includes 4,858 repeat participants. Figure 1 demonstrates the significant growth

Fig 1.—HMSA's HealthPass 1990—Third Quarter, Participation by sex

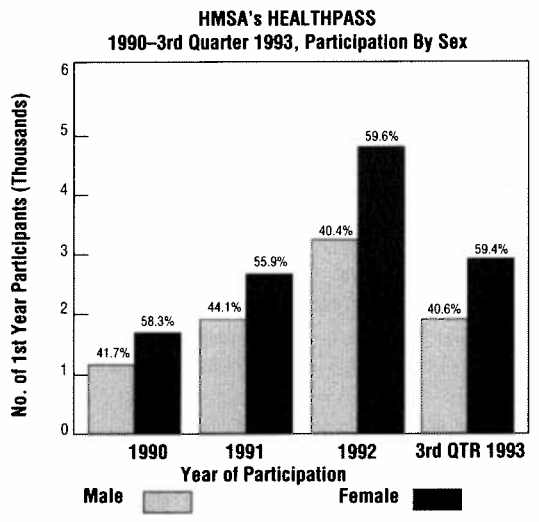


Table 1.—Health Maintenance Examination*

Age	Number of Exams
19 to 30	1
31 to 40	2
41 to 60	1 every 3 years
61 to 65	1 every 2 years
66 and older	Annually

*A hearing and vision tests performed by health consultants with every health maintenance exam.

Table 2.—Mammography, Sigmoidoscopy, FOBT, Pelvic and Pap Tests

Test	Risk Level	Age of Member			
		18 to 34	35 to 39	40 to 49	50+
Mammogram	High	as per PMD	Baseline	Every 2 yrs	Annual
	Average	n/a	Baseline	Every 3 yrs	Annual
Sigmoidoscope	High	n/a	1 every 3-5 yrs	1 every 3-5 yrs	1 every 3-5 yrs
	Average	n/a	n/a	n/a	1 every 3-5 yrs
Pelvic & Pap test	High	Annual	Annual	Annual	Annual
	Average	Annual x3, Class I then every 2 yrs	Annual	Annual	Annual
Fecal occult blood test	High	Annual	Annual	Annual	Annual
	Average	n/a	n/a	Every 2 yrs	Annual

over three years. This can be attributed to the addition of state and federal plans and continued growth in the managed care plans. Sixty percent of participants are women and 40% are men.

Figure 2 illustrates the age distribution of HealthPass participants. Approximately 10% are younger than age 30. Fifty-five to 60% are between ages 30 and 60, and approximately 25% to 30% are older than age 6 1. Many participants may otherwise not see physicians regularly. The smaller percentage past age 60 may be because these individuals are more likely to be seen routinely by their personal physician and may not perceive need to use HealthPass.

Figure 3 illustrates the education levels of the HealthPass participants. Approximately 70% have college-level and graduate education degrees. Twenty percent are graduates of high school only and 10% are graduates of trade or vocational schools. Perhaps the higher education level has fostered greater health promotion consciousness, making these individuals more aware of and willing to seek preventive services. Further, Figure 3 demonstrates that approximately 65% to 70% of participants white-collar workers, whereas only 10% are in the blue-collar category, and less than 10% are homemakers and students. Approximately 20% are retired. This data suggests that the white-collar employment groups either have greater interest and awareness of the health promotion activities that HealthPass provides or have schedules flexible enough to enable them to utilize the services.

Figure 5 illustrates the risk factor profile of the average HealthPass participant as measured by the Staywell health risk appraisal software program, which gauges these risk factors on a scale of 0 to 10 (10 reflects the best score). The average HealthPass participant scores in the 6 to 10 range, further suggesting their awareness and concern for healthy behaviors and willingness to engage them. Alternatively, the average HealthPass participant may be exaggerating his or her healthy behaviors and underestimating unhealthy activities. It is noteworthy that the lowest score consistently was in the exercise category. The sedentary life-style of the average American is one of the greatest preventable health risks that exists. This is no exception with the HealthPass participant.

Virtually 100% of participants received counseling session with health consultants. The focus is on life-style and behavior affecting health status and more specifically directed toward risk factors known to predispose to coronary artery disease, cancer, and diabetes. Emphasis is on nutrition and weight control, recommending a high fiber, low-fat diet, regular exercise, self-care, control of alcohol consumption, smoking cessation, and stress management. The average HealthPass participant does not smoke; thus, counseling on smoking cessation was necessary for a minority of individuals.

Of the total participants in three and a half years, there were 6,489 (32.6%) with abnormalities requiring follow-up and monitoring by HealthPass consultants. This was usually for such risk factors as borderline cholesterol levels between 200 and 240, stage one or two hypertension, or a mildly elevated glucose in the 115 to 140 range. Of these, 2,332 individuals (11.7%) were referred to their primary physicians for followup of the abnormalities discovered. The criteria for these referrals was established by an algorithm. Health consultants follow another algorithm, based on age, sex, personal history, risk factor profiles, family history, and past medical history, to determine eligibility for secondary screening provided by the HealthPass physician panel. There were 930 people referred for physical examinations. Of these, 225 (24.2%) had abnormalities. There were 3,361 mammograms performed, of which 446 (13.3%) were abnormal. In addition, 1,832 pelvic examinations and Pap tests were performed, with 214 (11.7%) abnormal; and 838 sigmoidoscopies were performed, with 150 (17.9%) abnormal.

Further data analysis is ongoing. Measures such as body mass index, body-fat percentage, waist-to-hip ratio, total cholesterol, mammogram results, specific stages of hypertension and their association with each other and other health risks are being evaluated.

Satisfaction questionnaires are distributed to participants. They address issues such as ease of scheduling appointments, whether or not they thought this was an important benefit, satisfaction with services, plans to continue, recommendations to friends, and overall satisfaction. The level of satisfaction ranged from 95% to 98%.

Fig 2.—HMSA's HealthPass 1990—Third Quarter 1993, Participation By Age

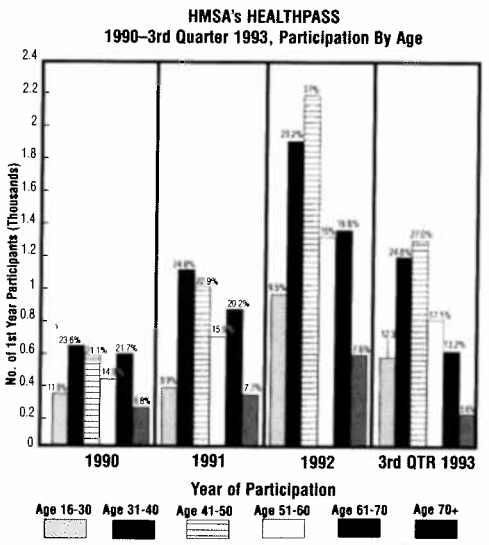
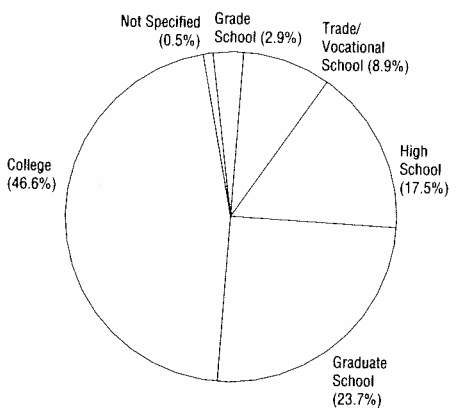


Fig 3.—HMSA's HealthPass Participation Profile (Through 9/30/93)



Future Direction

In the future, HealthPass intends to expand important disease prevention services with: 1) a fitness evaluation, 2) osteoporosis evaluation, 3) prostate-specific antigen (PSA) testing, 4) LDL screening, 5) an adolescent module, 6) an occupational health module.

Most of the HealthPass participants are of a higher socioeconomic class, with middle-management and upper-level management occupations, and a higher education level. These people seem to be more aware of life-style and personal habits that affect their health and score well in their health risk profile. A future focus will be to attract more people from lower to average socioeconomic groups who have greater health risks, as well as to ensure that all ethnic groups are participating in preventive screening, educational and counseling services. It is clear that employers need to be more involved in the process of screening and overall health promotion. As the effectiveness of preventive services is further substantiated through trials and experience and the quality of these services is perceived as high, more individuals will utilize them.

In addition to the above-stated goals, HealthPass intends to support the private practice of medicine and to complement the services provided by physicians. Literature reports suggest that preventive services can be delivered appropriately only by developing and adopting a formal system. This process usually requires a team approach with all members (ie, participants, the HealthPass staff, physician provider network, and private personal physicians) being essential elements in this health promotion process.

Preventive services must be offered in the same manner as other medical and health services. Baseline information is obtained through careful, detailed personal and medical history that focuses on family illness, personal habits, risk factors, and personal concerns. From this, an analysis of health risks based on needs, technical, and biochemical screening evaluation is performed. Data is accumulated longitudinally, using appropriate selected interventions depending on the individual circumstances. This provides individual screening depending on personal needs and circumstances. Obviously, much input comes from population studies and risk factors likely to affect the individual. The need to personalize preventive services cannot be overemphasized. This is what the authorities, such as the USPHTF, ACP, CDCP, and CTF have recommended as most appropriate and cost-effective. This will not overburden our current system or tax our resources. Practically, this seems to be the best way to proceed toward providing preventive services.

Discussion

Doctor Reppun has expressed concerns over HealthPass.[21] While acknowledging the approach is reasonable, he rightly notes that the comprehensive history taken by a physician skilled in the process, especially as it pertains to a careful review of systems supplemented by a physical examination, is necessary to perform a total health review. The HealthPass preventive care program doesn't intend to replace this process. Rather, the goal is to provide a basic preventive package based on rational nationally accepted guidelines, operated reasonably, and focused on meaningful, cost-effective objectives. It is fashioned from the recommendations of the medical colleges and the many task forces on preventive care. The information acquired in the process will complement the existing medical database of participants and help provide important education services. Further, HMSA is utilizing the existing services of physicians and other medical care providers and is supporting private practice.

Physicians generally believe they provide effective preventive care. However, our current health care system is not an ideal environment for implementation and delivery of preventive services. This article describes many of the obstacles in our current system that impede this effort. A formal strategy, and delivery systems such as HMSA's HealthPass, is a useful tool to provide the team approach necessary. Team members must function independently and also cooperate as a group to achieve success. HealthPass offers services that meet member's needs and support the private practice of medicine. HMSA participating physicians are encouraged to become members of the panel of HealthPass providers. This not only gives them the opportu-

Fig 4.—HMSA's HealthPass Participation Profile (Through 9/30/93)

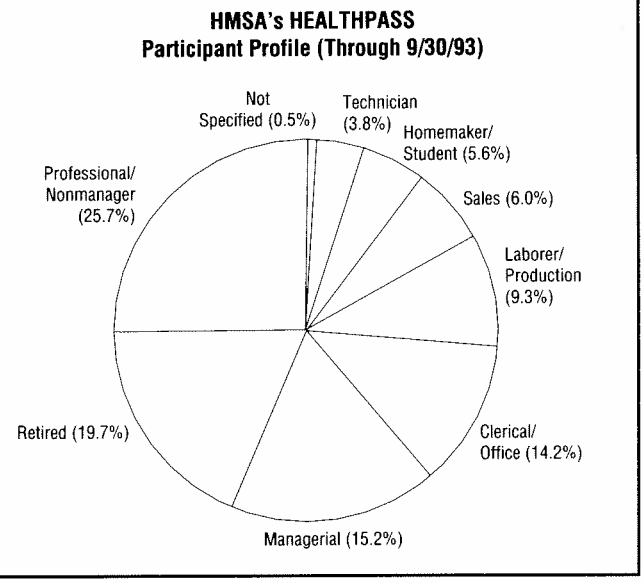
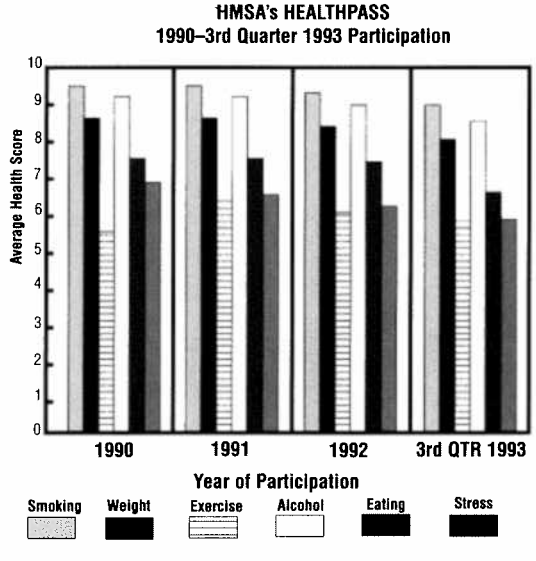


Fig 5.—HMSA's HealthPass 1990—Third Quarter 1993 Participation



nity to perform the secondary screening examinations on their own patients, but also serves as a source of new patient referrals. HealthPass participants often do not have primary physicians, which is one of the reasons why they utilize these services in the first place.

Everyone can benefit from this system of offering health promotion services. Patients have access to preventive services, educational resources and an organization that follows them over time. Doctors participate in a cooperative effort while others do much of the legwork and follow up. It also becomes a practice builder and can result in physician visits that otherwise may not have occurred. More important, HealthPass is one of the few opportunities whereby a clinical interface can occur between the health insurance companies and providers. Insurance companies should benefit as members receive health advice and counseling to reduce the incidence of disease and participate in early detection services. Theoretically, this should reduce the overall cost of care. Further, they can maintain some control and oversight over the preventive services provided and can see that they follow established national guidelines. A component of cost control exists as well. With more experience in the delivery of these health promotion and preventive services, and as we improve on this formal system to offer them, existing problems will be overcome, resulting in more effective disease prevention for members. HealthPass depends on the primary care physician to play a central role in this partnership for preventive care.

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Fred Reppun's September 1993 Editorial—HMSA

HMSA has often come up with innovative projects. One of these is not new: The establishment of clinics, mostly in out-lying areas of the state, with salaried physicians in primary care facilities that are purchased or leased, staffed and fully equipped.

The other is new—introduced to physicians by a letter dated March 1, 1993 announcing HMSA's HealthPass.

The former has run into opposition on the part of physicians who feel that HMSA is competing with its own base of PARs (participating physicians) and particularly with *non-PARs*, physicians who do not conform to the fee-for-service schedule of charges set by HMSA. The State Legislature has passed bills to restrict any expansion of such programs initiated by any mutual insurance company. Pressure is being put on the Governor to veto the legislation (and he did).

The pro side of the project claims that such clinics emulate what the federal government is already supporting—federally funded comprehensive primary care, comprehensive family health clinics such as Waianae Coast Comprehensive Health Clinic, Kokua Kalihi Valley, and some 5 or 6 others. These serve a need for medical and preventive care for certain populations that otherwise cannot or would not seek access to private physicians.

In a sense HMSA's clinics perhaps foretell the future: *Managed care*, which is now in the eye of both state and national focus.

The new HMSA proposal, Health Pass, is also food for thought. As usual, it is really not very new—it has been in existence for the past 3 years! HMSA states that "over 19,200 screenings have been provided ... at our HealthPass facilities" during that time.

"HealthPass is a wellness program for adults which includes a health risk appraisal, standard screening tests and the evaluation and development of a Lifestyle Action Plan." Providers have to agree and sign up to participate. Patients have to agree to pay half the cost.

We have a concern about the payment to the provider, not in terms of the dollar amount so much as what it does to the patient. Granted that it may bring the adult into the office, at least for a modicum of preventive care. But very few people ever consider seeing a doctor when they are well, and even if they do, they almost always have one or more complaints.

Even to evaluate a long-established patient's health status once a year takes at least 45 minutes to an hour depending on the complexity of the case. A 15-minute quick history and cursory physical exam may very well give the patient a false sense of "all's well with me" at an out-of pocket fee of $26 (HMSA pays for the other $26 for a total of $52). We would not call that good practice.

On the other hand, it might well alert the examining doctor, if he or she is unusually perceptive and not overburdened, sleepy or tired, to something seriously wrong with that patient. We recall the old dictum: "Every doctor's office is a cancer detection clinic."

When one stops to marvel that in all the prior years of the existence of the insurance against medical illness and injury, no carrier would ever cover annual physicals for adults. This program by HMSA is truly a forward step. One of the reasons it was never covered previously was the fact that the annual physical could always lead to findings that would entail coverage by the insurance carrier for genuine diagnosis of unexpected and unanticipated illness, which would cost the carrier.

In essence then, HMSA's HealthPass is a welcome breach in that barrier, and it is indeed a step in the direction of preventive care—if people will be responsive and responsible!

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